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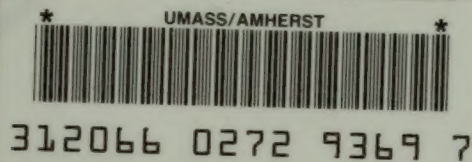
The Commonwealth of Massachusetts Group Insurance Commission



P.O. Box 8747
Boston, Massachusetts 02114-8747

GOVERNMENT DOCUMENTS
COLLECTION

(617) 727-2310
Fax (617) 227-2681



NOV 24 1995

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DATE: April 25, 1995
TO: AGENCY HEADS AND GIC COORDINATORS
FROM: Dolores L. Mitchell, Executive Director
RE: NEW INSURANCE RATES EFFECTIVE JULY 1, 1995

Attached you will find the Group Insurance Commission's monthly insurance rate charts reflecting the health and life insurance, and Dental/Vision insurance premiums due effective July 1, 1995. The Basic Life and Optional Life Insurance premiums will remain unchanged. Only the health insurance premiums are changing effective July 1st.

PROCEDURES

FOR PMIS AGENCIES

For agencies having payrolls processed through the Personnel Management Information System (PMIS), the insurance rates will be changed automatically by the computer system.

FOR COMPTROLLER AGENCIES

For agencies having payrolls processed through the STATE COMPTROLLER'S SYSTEM(CAPS), the insurance rates will be changed automatically by the computer system.

FOR ALL OTHER AGENCIES

For agencies having payrolls processed through their own computer systems, the insurance rates must be changed within your own systems.

If you have any questions concerning this information, please call the GIC Eligibility/Reconciliation Unit at (617) 727-2310, extension 802.

CHART 1

MONTHLY INSURANCE RATES

BASIC LIFE, STATE HANCOCK PLAN, COMMONWEALTH PPO, AND HEALTH MAINTENANCE ORGANIZATION(HMO)

FOR ACTIVE EMPLOYEES INSURED IN THE BASIC PLAN

RATES FOR MONTHLY PAYROLL DEDUCTION, AND DIRECT PAYMENT PURPOSES

EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1995

Type Of Coverage	Premium Amount		To	Be	Deducted	on	Payroll	Full Cost Premium	
	Premium	For							
	Active Employees								
Basic Life \$5,000 Coverage Only	\$0.92							\$6.10	
	Individual	Family		Individual		Family	Individual	Family	
Dental/Vision Coverage	\$3.10	\$8.76		\$3.10		\$8.76	\$20.69	\$58.37	
BASIC LIFE PLUS:									
State Hancock Plan Without CIC	\$44.70	\$100.69		\$30.04		\$67.23	\$303.35	\$686.99	
State Hancock Plan With CIC	60.05	136.76		45.39		103.30	318.70	723.06	
State Hancock Plan With CIC and MNA	60.33	137.04		45.67		103.58	318.98	723.34	
Commonwealth PPO	\$30.47	\$71.08		\$20.62		\$47.70	\$203.08	\$473.85	
Central Massachusetts Health Care, Inc.	\$25.39	\$64.26		\$17.23		\$43.15	\$169.23	\$428.36	
Community Health Plan	24.51	59.10		16.65		39.71	163.35	393.98	
Fallon Community Health Plan	24.21	54.40		16.44		36.57	161.34	362.60	
Harvard Community Health Plan (HCHP)	31.37	73.63		21.22		49.39	209.10	490.81	
HCHP of New England	30.10	69.11		20.37		46.38	200.63	460.73	
Health New England	24.13	59.55		16.39		40.01	160.84	396.95	
Kaiser Permanente	26.54	62.22		18.00		41.78	176.87	414.74	
Neighborhood Health Plan	27.84	70.97		18.86		47.62	185.54	473.13	
Pilgrim Health Care	28.43	67.47		19.26		45.29	189.49	449.75	
Tufts Health Plan	28.81	67.91		19.51		45.58	192.01	452.71	

CIC - Catastrophic Illness Coverage

Individual CIC: \$15.35/month

Family CIC: \$36.07/month

MNA - Medically Necessary Abortion : \$0.28/month

MCOFU: Massachusetts Correction Officers Federated Union

For the State Hancock Plan only, the "Premium For Active Employees" employee share of the individual and family basic rates are offset by \$0.81 and \$2.36, respectively, by a contribution from the Employees' Rate Stabilization Reserve. The "MCOFU Employees Who Are In Collective Bargaining Unit 4" employee share of the individual and family base rates are offset by \$0.61 and \$1.78, respectively, by a contribution from the Employees' Rate Stabilization Reserve.

CHART 2
MONTHLY INSURANCE RATES
BASIC LIFE, STATE HANCOCK PLAN, COMMONWEALTH PPO, AND HEALTH MAINTENANCE ORGANIZATION(HMO)

FOR RETIREES INSURED IN THE BASIC PLAN

RATES FOR MONTHLY PENSION DEDUCTION, AND DIRECT PAYMENT PURPOSES

EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1995

Type Of Coverage	Premium Amount To Be Deducted On Payroll		Full Cost Premium	
	Premium For Retirees (Who Retired Before July 2, 1994)	Premium For Retirees (Who Retired After July 1, 1994)		
Basic Life \$5,000 Coverage Only	\$0.61	\$0.92	\$6.10	
BASIC LIFE PLUS:	Basic Life and Individual Health	Basic Life and Family Health	Basic Life and Individual Health	Basic Life and Family Health
	\$29.73	\$66.92	\$44.70	\$100.69
	\$45.08	\$102.99	\$60.05	\$136.76
	\$45.36	\$103.27	\$60.33	\$137.04
	\$20.31	\$47.39	\$30.47	\$71.08
	\$16.92	\$42.84	\$25.39	\$64.26
	\$16.34	\$39.40	\$24.51	\$59.10
	\$16.13	\$36.26	\$24.21	\$54.40
	\$20.91	\$49.08	\$31.37	\$73.63
	\$20.06	\$46.07	\$30.10	\$69.11
	\$16.08	\$39.70	\$24.13	\$59.55
	\$17.69	\$41.47	\$26.54	\$62.22
	\$18.55	\$47.31	\$27.84	\$70.97
	\$18.95	\$44.98	\$28.43	\$67.47
Tufts Health Plan	\$19.20	\$45.27	\$28.81	\$67.91

CIC - Catastrophic Illness Coverage

Individual CIC: \$15.35/month

Family CIC: \$36.07/month

MNA - Medically Necessary Abortion : \$0.28/month

For the State Hancock Plan only, the "Premium For Retirees (Who Retired Before July 2, 1994)" retiree share of the individual and family basic rates are offset by \$0.61, and \$1.78, respectively, by a contribution from the Employees' Rate Stabilization Reserve. The "Premium for Retirees (Who Retired After July 1, 1994)" retiree share of the individual and family base rates are offset by \$0.81 and \$2.36, respectively, by a contribution from the Employees' Rate Stabilization Reserve.

CHART 3
MONTHLY INSURANCE RATES
STATE HANCOCK PLAN, COMMONWEALTH PPO, AND HEALTH MAINTENANCE ORGANIZATION(HMO)
FOR SURVIVORS INSURED IN THE BASIC PLAN
EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1995

Name Of Health Plan	Premium Amount To Be Deducted On Payroll		Full Cost Premium	
	Survivor		Premium	
	Individual Health	Family Health	Individual Health	Family Health
State Hancock Plan Without CIC	\$29.12	\$66.31	\$297.25	\$680.89
State Hancock Plan With CIC	44.47	102.38	312.60	716.96
State Hancock Plan With CIC/MNA	44.75	102.66	312.88	717.24
Commonwealth PPO	\$19.70	\$46.78	\$196.98	\$467.75
Central Massachusetts Health Care, Inc.	\$16.31	\$42.23	\$163.13	\$422.26
Community Health Plan	15.73	38.79	157.25	387.88
Fallon Community Health Plan	15.52	35.65	155.24	356.50
Harvard Community Health Plan(HCHP)	20.30	48.47	203.00	484.71
HCHP of New England	19.45	45.46	194.53	454.63
Health New England	15.47	39.09	154.74	390.85
Kaiser Permanente	17.08	40.86	170.77	408.64
Neighborhood Health Plan	17.94	46.70	179.44	467.03
Pilgrim Health Care	18.34	44.37	183.39	443.65
Tufts Health Plan	18.59	44.66	185.91	446.61

CIC – Catastrophic Illness Coverage

Individual CIC: \$15.35/month

Family CIC: \$36.07/month

MNA – Medically Necessary Abortion :\$0.28/month

For the State Hancock Plan only, the survivor's share of the individual and family basic rates are offset by \$0.61, and \$1.78, respectively, by a contribution from the employees' Rate Stabilization Reserve.

The above chart is furnished for annuity deduction purposes where the survivor has permitted such insurance deductions. Some survivors are billed directly by the Commission on a quarterly, direct payment basis. In such cases, the premium rates listed on this chart must be multiplied by 3.

CHART 4

MONTHLY INSURANCE RATES FOR RETIREES

BASIC LIFE AND STATE HANCOCK MEDICARE PLAN WITH CATASTROPHIC ILLNESS COVERAGE FOR RETIREES INSURED FOR MEDICARE PART A&B AND THEIR SPOUSES AND DEPENDENTS

WHO MAY BE INSURED IN THE NON-MEDICARE PLAN

EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1995

Coverage Combination			Premium Amount To Be Deducted On Payroll						Full Cost Premium	
			Premium For Retirees (Who Retired Before July 2, 1994)			Premium For Retirees (Who Retired After July 1, 1994)				
			Total Premium Amount With CIC	Total Premium Amount Without CIC	Total Premium Amount With CIC	Total Premium Amount Without CIC	Total Premium Amount With CIC	Total Premium Amount Without CIC		
Retiree Insured For:	Spouse Insured For:	Number of Dependents Under Age 19								
Life & Medicare Plan/Part B	—	0	\$26.56	\$19.66	\$36.44	\$29.54	\$206.44	\$199.54		
Life & Medicare Plan/Part B	Medicare Plan/Part B	0	52.51	38.71	71.96	58.16	406.78	392.98		
Life & Medicare Plan/Part B	Basic Plan	0	71.03	48.78	95.57	73.32	519.04	496.79		
Life & Medicare Plan/Part B	Basic Plan	1 or more	107.60	71.53	143.68	107.61	769.16	733.09		
Life & Basic Plan	Medicare Plan/Part B	0	71.03	48.78	95.57	73.32	519.04	496.79		
Life & Basic Plan	Medicare Plan/Part B	1 or more	107.60	71.53	143.68	107.61	769.16	733.09		
Life & Medicare Plan/Part A&B	—	0	52.66	45.76	75.59	68.69	467.44	460.54		
Life & Medicare Plan/Part A&B	Medicare Plan/Part A&B	0	104.71	90.91	150.26	136.46	928.78	914.98		
Life & Medicare Plan/Part A&B	Medicare Plan/Part B	0	78.61	64.81	111.11	97.31	667.78	653.98		
Life & Medicare Plan/Part B	Medicare Plan/Part A&B	0	78.61	64.81	111.11	97.31	667.78	653.98		

CIC: Catastrophic Illness Coverage Individual CIC: \$15.35/month Family CIC: \$36.07/month Medicare CIC: \$6.90/month

The "Premium For Retirees(Who Retired Before July 2, 1994)" retiree share of the individual, family, and Medicare basic rates are offset by \$0.61, \$1.78, and \$0.29, respectively, by a contribution from the employees' Rate Stabilization Reserve.

The "Premium For Retirees(Who Retired After July 1, 1994)" retiree share of the individual, family, and Medicare basic rates are offset by \$0.81, \$2.36, and \$0.40, respectively, by a contribution from the employees' Rate Stabilization Reserve.

\$0.31, \$0.38, and \$0.40, respectively, by a contribution from the employee, the Gratification Reserve.

The Premium for Health Insurance (effective July 1, 1964), refers to the rate of the individual, family, and medical basic rates are offset by \$0.61, \$1.18, and \$1.38, respectively, by a contribution from the employee, the Gratification Reserve.

The Premium for Life Insurance (effective July 1, 1964), refers to the rate of the individual, family, and medical basic rates are offset by

CIC: Catastrophic Health Coverage Individual CIC: \$18.35/month Family CIC: \$30.02/month Medical CIC: \$5.50/month

Employee	Contribution	Age 18	Age 19	July 1, 1964				Total	
				Individual	Family	Medical	Life	Individual	Family
Tip 1 Medical Plan A	Medical Plan A	0	0	28.61	84.91	111.11	97.21	687.78	623.68
Tip 2 Medical Plan A	Medical Plan A	0	0	28.61	84.91	111.11	97.21	687.78	623.68
Tip 3 Medical Plan A	Medical Plan A	0	0	104.71	80.91	150.28	138.48	639.78	644.83
Tip 4 Medical Plan A	-	0	0	25.68	42.78	12.28	68.68	487.44	480.24
Tip 5 Medical Plan A	Medical Plan A	1 or more	1 or more	107.60	71.63	143.68	107.81	788.18	733.08
Tip 6 Medical Plan B	Basic Plan	1 or more	1 or more	71.63	48.78	38.27	73.35	519.04	488.78
Tip 7 Medical Plan B	Basic Plan	0	0	71.03	48.78	62.27	73.35	519.04	488.78
Tip 8 Medical Plan B	Medical Plan B	0	0	65.21	38.71	71.86	58.18	408.78	380.28
Tip 9 Medical Plan B	-	0	0	25.68	213.68	838.44	829.24	2508.44	2189.24

EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1965

ALL AREY BE INCREASED IN THE MONTHLY MEDICAL PLAN

HOLDERS BEING PAID FOR MEDICAL PLAN AND LIFE INSURANCE AND DEFERRED

MONTHLY PREMIUMS FOR MEDICAL PLAN AND LIFE INSURANCE WILL BE COLLECTED

MONTHLY PREMIUMS FOR MEDICAL PLAN AND LIFE INSURANCE

CHART 2

CHART 5

MONTHLY INSURANCE RATES FOR RETIREES

HEALTH MAINTENANCE ORGANIZATION (HMO) MEDICARE PLAN—BASIC LIFE AND HEALTH RATES

FOR RETIREES INSURED FOR HMO MEDICARE PLAN—PART A & B

EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1995

Name of Health Maintenance Organization	Premium Amount To Be Deducted On Payroll				Full Cost Premium	
	Premium For Retirees (Who Retired Before July 2, 1994)		Premium For Retirees (Who Retired After July 1, 1994)			
	Basic Life and Medicare Plan—Part B	Basic Life and Medicare Plan—Part A&B	Basic Life and Medicare Plan—Part B	Basic Life and Medicare Plan—Part A&B	Basic Life and Medicare Plan—Part B	Basic Life and Medicare Plan—Part A&B
Central Massachusetts Health Care—Central Care	\$16.36	\$42.46	\$24.55	\$63.70	\$163.63	\$424.63
Community Health Plan—Medicare Plus	16.97	43.07	25.47	64.62	169.74	430.74
Fallon Senior Plan Preferred	14.44	40.54	21.67	60.82	144.43	405.43
Harvard Community Health Plan:						
First Seniority	13.66	39.76	20.50	59.65	136.63	397.63
Plan 65	13.66	39.76	20.50	59.65	136.63	397.63
HCHP OF New England—Care Plus	14.58	40.68	21.87	61.02	145.75	406.75
Health New England Medicare Plan	17.15	43.25	25.74	64.89	171.52	432.52
Kaiser Permanente Medicare Plus Plan	15.28	41.38	22.94	62.09	152.84	413.84
Neighborhood Health Plan—Senior Health Plus	16.22	42.32	24.34	63.49	162.20	423.20
Pilgrim Senior Care	17.56	43.66	26.36	65.51	175.64	436.64
Tufts Medicare Supplement	17.95	44.05	26.94	66.09	179.51	440.51

Harvard Community Health Plan offers two Medicare plans, First Seniority and Plan 65, with equal rates.

CHART 6

STATE HANCOCK MEDICARE PLAN, AND HEALTH MAINTENANCE ORGANIZATION (HMO) MEDICARE PLAN HEALTH INSURANCE RATES FOR SURVIVORS INSURED FOR THE MEDICARE PLAN—PART A & B EFFECTIVE FOR THE PREMIUM DUE JULY 1, 1995

Name Of Health Plan	Premium Amount To Be Deducted On Payroll		Full Cost	
	Medicare Plan—PART B	Medicare Plan—PART A&B	Medicare Plan—PART B	Medicare Plan—PART A&B
State Hancock Medicare Extension Plan Without CIC	\$19.05	\$45.15	\$193.44	\$454.44
State Hancock Medicare Extension Plan With CIC	25.95	52.05	200.34	461.34
Central Massachusetts Health Care—Central Care	\$15.75	\$41.85	\$157.53	\$418.53
Community Health Plan—Medicare Plus	16.36	42.46	163.64	424.64
Fallon Senior Plan Preferred	13.83	39.93	138.33	399.33
Harvard Community Health Plan: First Seniority Plan 65	13.05 13.05	39.15 39.15	130.53 130.53	391.53 391.53
HCHP of New England—Care Plus	13.97	40.07	139.65	400.65
Health New England Medicare Plan	16.54	42.64	165.42	426.42
Kaiser Permanente Medicare Plus Plan	14.67	40.77	146.74	407.74
Neighborhood Health Plan—Senior Health Plus	15.61	41.71	156.10	417.10
Pilgrim Senior Care	16.95	43.05	169.54	430.54
Tufts Medicare Supplement	17.34	43.44	173.41	434.41

CIC: Catastrophic Illness Coverage

Medicare CIC: \$6.90/month

Harvard Community Health Plan offers two Medicare plans, First Seniority and Plan 65, with equal rates.

For the State Hancock Plan only, the survivor's share of the Medicare basic rate is offset by \$0.29, by a contribution from the Employees' Rate Stabilization Reserve.

The above chart is furnished for annuity deduction purposes where the survivor has permitted such insurance deductions. Some Survivors are billed directly by the Commission on a quarterly, direct payment basis. In such cases, the premium rates listed on this chart must be multiplied by 3.

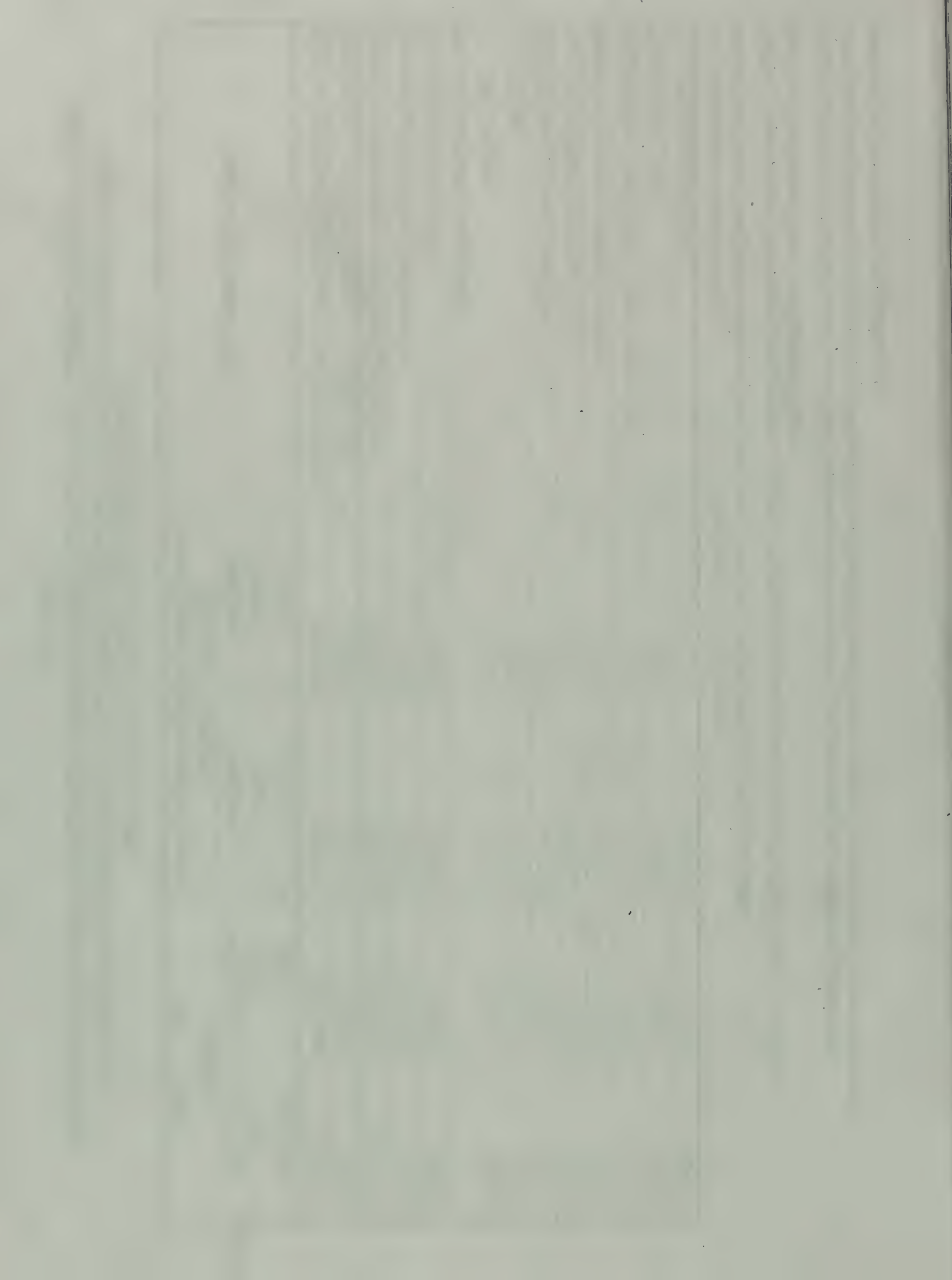


CHART 7-1
ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES
FOR ACTIVE EMPLOYEES
EFFECTIVE FOR THE PREMIUM DUE 7-1-1995 TO 6-30-1996

AMOUNT OF ADDITIONAL LIFE INSURANCE	AGE OF EMPLOYEE				
	A1DA	A1DB	A1DC	A1DD	A1DE
	UNDER AGE 35	AGE 35-44	AGE 45-49	AGE 50-54	AGE 55-RETIRE
	\$0.15/\$1,000	\$0.23/\$1,000	\$0.25/\$1,000	\$0.33/\$1,000	\$0.88/\$1,000
\$1,000.00	\$0.15	\$0.23	\$0.25	\$0.33	\$0.88
2,000.00	0.30	0.46	0.50	0.66	1.76
3,000.00	0.45	0.69	0.75	0.99	2.64
4,000.00	0.60	0.92	1.00	1.32	3.52
5,000.00	0.75	1.15	1.25	1.65	4.40
6,000.00	0.90	1.38	1.50	1.98	5.28
7,000.00	1.05	1.61	1.75	2.31	6.16
8,000.00	1.20	1.84	2.00	2.64	7.04
9,000.00	1.35	2.07	2.25	2.97	7.92
10,000.00	1.50	2.30	2.50	3.30	8.80
11,000.00	1.65	2.53	2.75	3.63	9.68
12,000.00	1.80	2.76	3.00	3.96	10.56
13,000.00	1.95	2.99	3.25	4.29	11.44
14,000.00	2.10	3.22	3.50	4.62	12.32
15,000.00	2.25	3.45	3.75	4.95	13.20
16,000.00	2.40	3.68	4.00	5.28	14.08
17,000.00	2.55	3.91	4.25	5.61	14.96
18,000.00	2.70	4.14	4.50	5.94	15.84
19,000.00	2.85	4.37	4.75	6.27	16.72
20,000.00	3.00	4.60	5.00	6.60	17.60
21,000.00	3.15	4.83	5.25	6.93	18.48
22,000.00	3.30	5.06	5.50	7.26	19.36
23,000.00	3.45	5.29	5.75	7.59	20.24
24,000.00	3.60	5.52	6.00	7.92	21.12
25,000.00	3.75	5.75	6.25	8.25	22.00
26,000.00	3.90	5.98	6.50	8.58	22.88
27,000.00	4.05	6.21	6.75	8.91	23.76
28,000.00	4.20	6.44	7.00	9.24	24.64
29,000.00	4.35	6.67	7.25	9.57	25.52

CHART 7-2
ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES
FOR ACTIVE EMPLOYEES
EFFECTIVE FOR THE PREMIUM DUE 7-1-1995 TO 6-30-1996

AMOUNT OF ADDITIONAL LIFE INSURANCE	AGE OF EMPLOYEE				
	A1DA	A1DB	A1DC	A1DD	A1DE
	UNDER AGE 35	AGE 35-44	AGE 45-49	AGE 50-54	AGE 55-RETIRE
	\$0.15/\$1,000	\$0.23/\$1,000	\$0.25/\$1,000	\$0.33/\$1,000	\$0.88/\$1,000
\$30,000.00	\$4.50	\$6.90	\$7.50	\$9.90	\$26.40
31,000.00	4.65	7.13	7.75	10.23	27.28
32,000.00	4.80	7.36	8.00	10.56	28.16
33,000.00	4.95	7.59	8.25	10.89	29.04
34,000.00	5.10	7.82	8.50	11.22	29.92
35,000.00	5.25	8.05	8.75	11.55	30.80
36,000.00	5.40	8.28	9.00	11.88	31.68
37,000.00	5.55	8.51	9.25	12.21	32.56
38,000.00	5.70	8.74	9.50	12.54	33.44
39,000.00	5.85	8.97	9.75	12.87	34.32
40,000.00	6.00	9.20	10.00	13.20	35.20
41,000.00	6.15	9.43	10.25	13.53	36.08
42,000.00	6.30	9.66	10.50	13.86	36.96
43,000.00	6.45	9.89	10.75	14.19	37.84
44,000.00	6.60	10.12	11.00	14.52	38.72
45,000.00	6.75	10.35	11.25	14.85	39.60
46,000.00	6.90	10.58	11.50	15.18	40.48
47,000.00	7.05	10.81	11.75	15.51	41.36
48,000.00	7.20	11.04	12.00	15.84	42.24
49,000.00	7.35	11.27	12.25	16.17	43.12
50,000.00	7.50	11.50	12.50	16.50	44.00
51,000.00	7.65	11.73	12.75	16.83	44.88
52,000.00	7.80	11.96	13.00	17.16	45.76
53,000.00	7.95	12.19	13.25	17.49	46.64
54,000.00	8.10	12.42	13.50	17.82	47.52
55,000.00	8.25	12.65	13.75	18.15	48.40
56,000.00	8.40	12.88	14.00	18.48	49.28
57,000.00	8.55	13.11	14.25	18.81	50.16

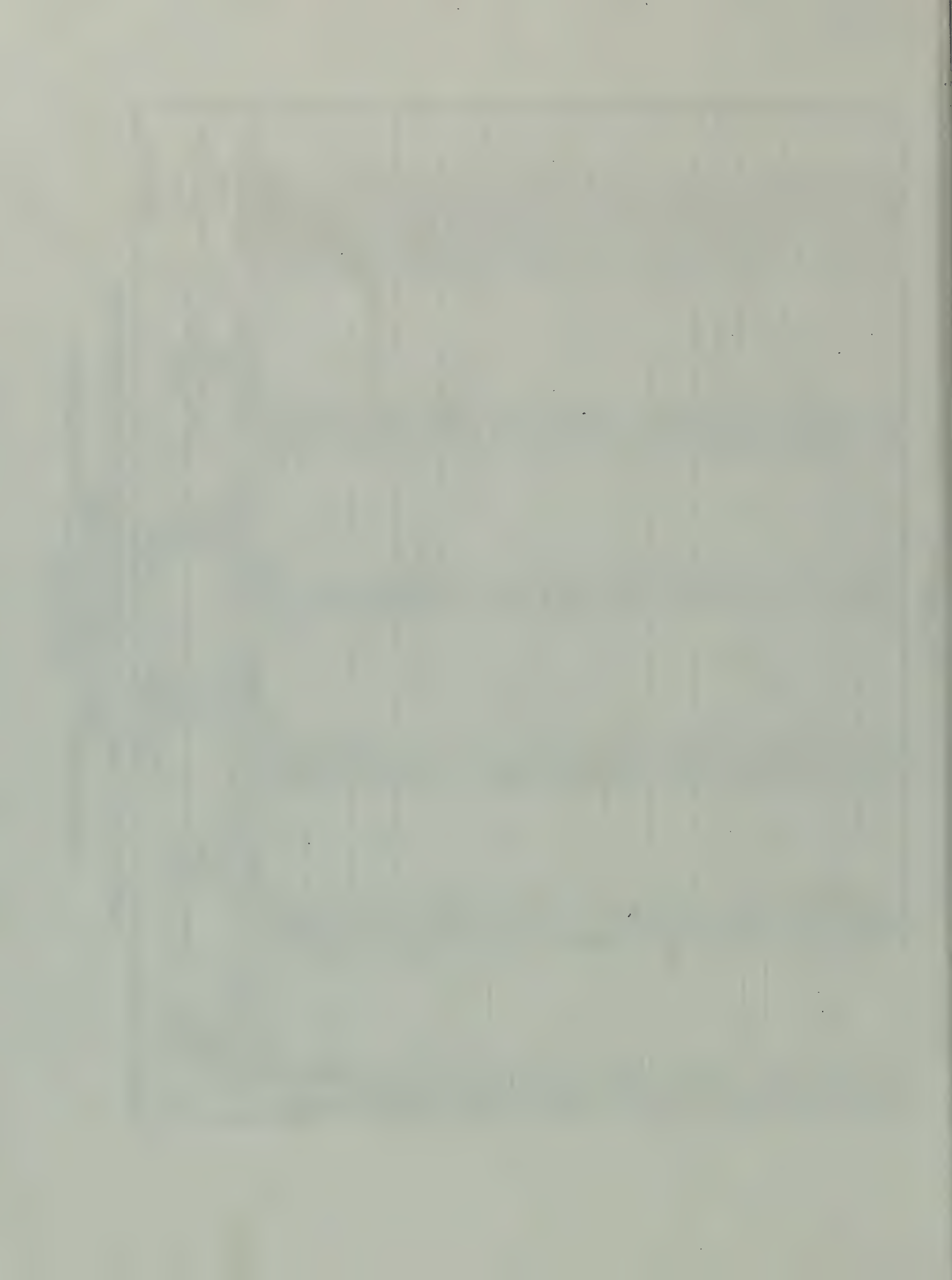


CHART 7-3
ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES
FOR ACTIVE EMPLOYEES
EFFECTIVE FOR THE PREMIUM DUE 7-1-1995 TO 6-30-1996

AMOUNT OF ADDITIONAL LIFE INSURANCE	AGE OF EMPLOYEE				
	A1DA	A1DB	A1DC	A1DD	A1DE
	UNDER AGE 35	AGE 35-44	AGE 45-49	AGE 50-54	AGE 55-RETIRE
	\$0.15/\$1,000	\$0.23/\$1,000	\$0.25/\$1,000	\$0.33/\$1,000	\$0.88/\$1,000
\$58,000.00	\$8.70	\$13.34	\$14.50	\$19.14	\$51.04
59,000.00	8.85	13.57	14.75	19.47	51.92
60,000.00	9.00	13.80	15.00	19.80	52.80
61,000.00	9.15	14.03	15.25	20.13	53.68
62,000.00	9.30	14.26	15.50	20.46	54.56
63,000.00	9.45	14.49	15.75	20.79	55.44
64,000.00	9.60	14.72	16.00	21.12	56.32
65,000.00	9.75	14.95	16.25	21.45	57.20
66,000.00	9.90	15.18	16.50	21.78	58.08
67,000.00	10.05	15.41	16.75	22.11	58.96
68,000.00	10.20	15.64	17.00	22.44	59.84
69,000.00	10.35	15.87	17.25	22.77	60.72
70,000.00	10.50	16.10	17.50	23.10	61.60
71,000.00	10.65	16.33	17.75	23.43	62.48
72,000.00	10.80	16.56	18.00	23.76	63.36
73,000.00	10.95	16.79	18.25	24.09	64.24
74,000.00	11.10	17.02	18.50	24.42	65.12
75,000.00	11.25	17.25	18.75	24.75	66.00
76,000.00	11.40	17.48	19.00	25.08	66.88
77,000.00	11.55	17.71	19.25	25.41	67.76
78,000.00	11.70	17.94	19.50	25.74	68.64
79,000.00	11.85	18.17	19.75	26.07	69.52
80,000.00	12.00	18.40	20.00	26.40	70.40

Note: See chart 9 to determine the monthly cost for Additional (Optional) Life Insurance greater than \$80,000.00

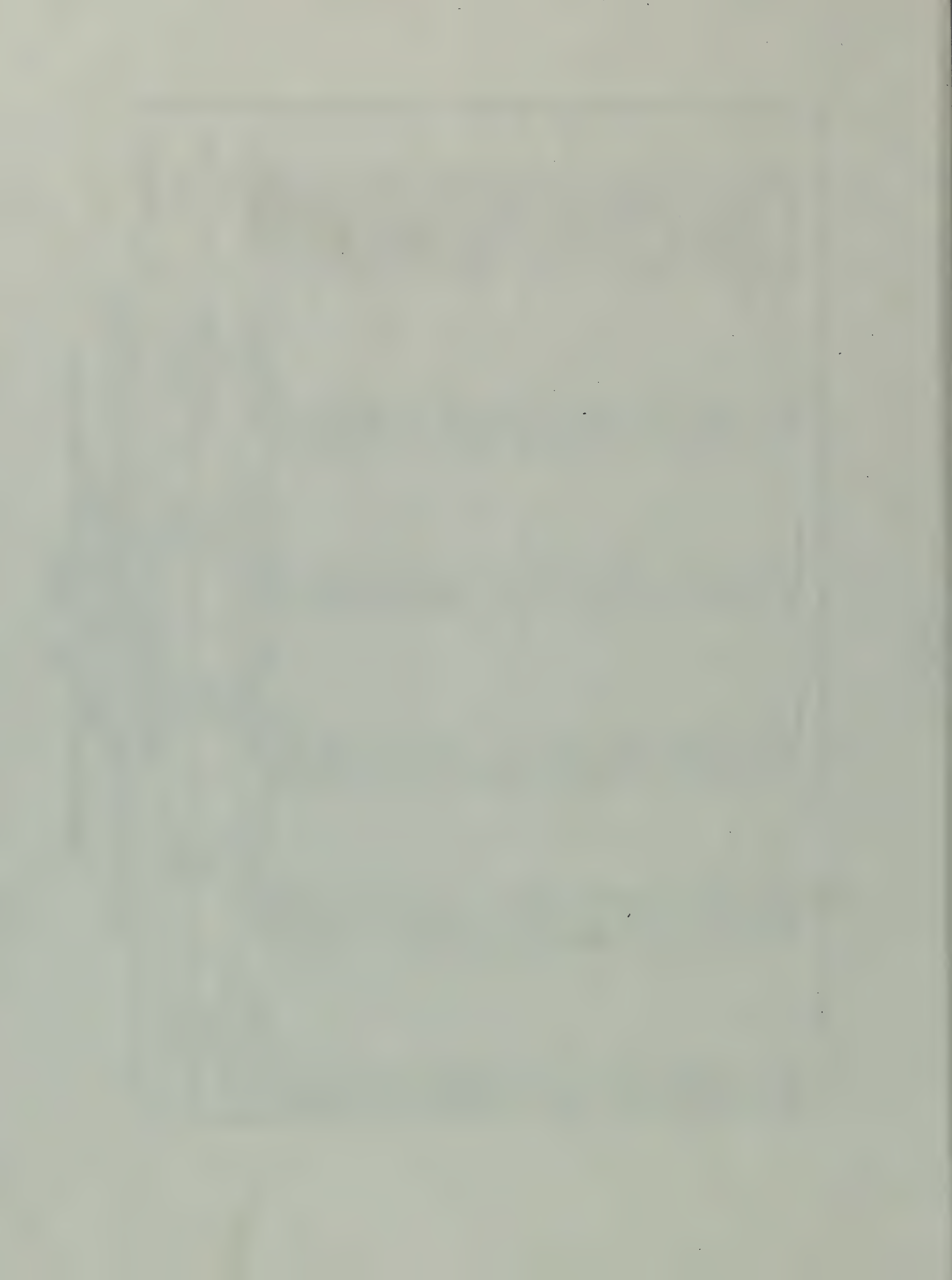


CHART 8-1
ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES
FOR RETIREES
EFFECTIVE FOR THE PREMIUM DUE 7-1-1995 TO 6-30-1996

AMOUNT OF ADDITIONAL LIFE INSURANCE	AGE OF RETIREE							
	A1DF	A1DG	A1DH	A1DI	A1DJ	A1DK	A1DL	A1DM
	UNDER AGE 70	AGE 70-74	AGE 75-79	AGE 80-84	AGE 85-89	AGE 90-94	AGE 95-99	AGE 100 AND OVER
	\$1.77/\$1,000	\$4.73/\$1,000	\$11.81/\$1,000	\$22.31/\$1,000	\$35.34/\$1,000	\$53.72/\$1,000	\$117.34/\$1,000	\$225.01/\$1,000
\$1,000.00	\$1.77	\$4.73	\$11.81	\$22.31	\$35.34	\$53.72	\$117.34	\$225.01
2,000.00	3.54	9.46	23.62	44.62	70.68	107.44	234.68	450.02
3,000.00	5.31	14.19	35.43	66.93	106.02	161.16	352.02	675.03
4,000.00	7.08	18.92	47.24	89.24	141.36	214.88	469.36	900.04
5,000.00	8.85	23.65	59.05	111.55	176.70	268.60	586.70	1,125.05
6,000.00	10.62	28.38	70.86	133.86	212.04	322.32	704.04	1,350.06
7,000.00	12.39	33.11	82.67	156.17	247.38	376.04	821.38	1,575.07
8,000.00	14.16	37.84	94.48	178.48	282.72	429.76	938.72	1,800.08
9,000.00	15.93	42.57	106.29	200.79	318.06	483.48	1,056.06	2,025.09
10,000.00	17.70	47.30	118.10	223.10	353.40	537.20	1,173.40	2,250.10
11,000.00	19.47	52.03	129.91	245.41	388.74	590.92	1,290.74	2,475.11
12,000.00	21.24	56.76	141.72	267.72	424.08	644.64	1,408.08	2,700.12
13,000.00	23.01	61.49	153.53	290.03	459.42	698.36	1,525.42	2,925.13
14,000.00	24.78	66.22	165.34	312.34	494.76	752.08	1,642.76	3,150.14
15,000.00	26.55	70.95	177.15	334.65	530.10	805.80	1,760.10	3,375.15
16,000.00	28.32	75.68	188.96	356.96	565.44	859.52	1,877.44	3,600.16
17,000.00	30.09	80.41	200.77	379.27	600.78	913.24	1,994.78	3,825.17
18,000.00	31.86	85.14	212.58	401.58	636.12	966.96	2,112.12	4,050.18
19,000.00	33.63	89.87	224.39	423.89	671.46	1,020.68	2,229.46	4,275.19
20,000.00	35.40	94.60	236.20	446.20	706.80	1,074.40	2,346.80	4,500.20
21,000.00	37.17	99.33	248.01	468.51	742.14	1,128.12	2,464.14	4,725.21
22,000.00	38.94	104.06	259.82	490.82	777.48	1,181.84	2,581.48	4,950.22
23,000.00	40.71	108.79	271.63	513.13	812.82	1,235.56	2,698.82	5,175.23
24,000.00	42.48	113.52	283.44	535.44	848.16	1,289.28	2,816.16	5,400.24
25,000.00	44.25	118.25	295.25	557.75	883.50	1,343.00	2,933.50	5,625.25
26,000.00	46.02	122.98	307.06	580.06	918.84	1,396.72	3,050.84	5,850.26
27,000.00	47.79	127.71	318.87	602.37	954.18	1,450.44	3,168.18	6,075.27
28,000.00	49.56	132.44	330.68	624.68	989.52	1,504.16	3,285.52	6,300.28
29,000.00	51.33	137.17	342.49	646.99	1,024.86	1,557.88	3,402.86	6,525.29

CHART 8-2
ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES
FOR RETIREES
EFFECTIVE FOR THE PREMIUM DUE 7-1-1995 TO 6-30-1996

AMOUNT OF ADDITIONAL LIFE INSURANCE	AGE OF RETIREE							
	A1DF	A1DG	A1DH	A1DI	A1DJ	A1DK	A1DL	A1DM
	UNDER AGE 70	AGE 70-74	AGE 75-79	AGE 80-84	AGE 85-89	AGE 90-94	AGE 95-99	AGE 100 AND OVER
	\$1.77/\$1,000	\$4.73/\$1,000	\$11.81/\$1,000	\$22.31/\$1,000	\$35.34/\$1,000	\$53.72/\$1,000	\$117.34/\$1,000	\$225.01/\$1,000
\$30,000.00	\$53.10	\$141.90	\$354.30	\$669.30	\$1,060.20	\$1,611.60	\$3,520.20	\$6,750.30
31,000.00	54.87	146.63	366.11	691.61	1,095.54	1,665.32	3,637.54	6,975.31
32,000.00	56.64	151.36	377.92	713.92	1,130.88	1,719.04	3,754.88	7,200.32
33,000.00	58.41	156.09	389.73	736.23	1,166.22	1,772.76	3,872.22	7,425.33
34,000.00	60.18	160.82	401.54	758.54	1,201.56	1,826.48	3,989.56	7,650.34
35,000.00	61.95	165.55	413.35	780.85	1,236.90	1,880.20	4,106.90	7,875.35
36,000.00	63.72	170.28	425.16	803.16	1,272.24	1,933.92	4,224.24	8,100.36
37,000.00	65.49	175.01	436.97	825.47	1,307.58	1,987.64	4,341.58	8,325.37
38,000.00	67.26	179.74	448.78	847.78	1,342.92	2,041.36	4,458.92	8,550.38
39,000.00	69.03	184.47	460.59	870.09	1,378.26	2,095.08	4,576.26	8,775.39
40,000.00	70.80	189.20	472.40	892.40	1,413.60	2,148.80	4,693.60	9,000.40
41,000.00	72.57	193.93	484.21	914.71	1,448.94	2,202.52	4,810.94	9,225.41
42,000.00	74.34	198.66	496.02	937.02	1,484.28	2,256.24	4,928.28	9,450.42
43,000.00	76.11	203.39	507.83	959.33	1,519.62	2,309.96	5,045.62	9,675.43
44,000.00	77.88	208.12	519.64	981.64	1,554.96	2,363.68	5,162.96	9,900.44
45,000.00	79.65	212.85	531.45	1,003.95	1,590.30	2,417.40	5,280.30	10,125.45
46,000.00	81.42	217.58	543.26	1,026.26	1,625.64	2,471.12	5,397.64	10,350.46
47,000.00	83.19	222.31	555.07	1,048.57	1,660.98	2,524.84	5,514.98	10,575.47
48,000.00	84.96	227.04	566.88	1,070.88	1,696.32	2,578.56	5,632.32	10,800.48
49,000.00	86.73	231.77	578.69	1,093.19	1,731.66	2,632.28	5,749.66	11,025.49
50,000.00	88.50	236.50	590.50	1,115.50	1,767.00	2,686.00	5,867.00	11,250.50
51,000.00	90.27	241.23	602.31	1,137.81	1,802.34	2,739.72	5,984.34	11,475.51
52,000.00	92.04	245.96	614.12	1,160.12	1,837.68	2,793.44	6,101.68	11,700.52
53,000.00	93.81	250.69	625.93	1,182.43	1,873.02	2,847.16	6,219.02	11,925.53
54,000.00	95.58	255.42	637.74	1,204.74	1,908.36	2,900.88	6,336.36	12,150.54
55,000.00	97.35	260.15	649.55	1,227.05	1,943.70	2,954.60	6,453.70	12,375.55
56,000.00	99.12	264.88	661.36	1,249.36	1,979.04	3,008.32	6,571.04	12,600.56
57,000.00	100.89	269.61	673.17	1,271.67	2,014.38	3,062.04	6,688.38	12,825.57

CHART 8-3
ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES
FOR RETIREES
EFFECTIVE FOR THE PREMIUM DUE 7-1-1995 TO 6-30-1996

AMOUNT OF ADDITIONAL LIFE INSURANCE	AGE OF RETIREE							
	A1DF	A1DG	A1DH	A1DI	A1DJ	A1DK	A1DL	A1DM
	UNDER AGE 70	AGE 70-74	AGE 75-79	AGE 80-84	AGE 85-89	AGE 90-94	AGE 95-99	AGE 100 AND OVER
	\$1.77/\$1,000	\$4.73/\$1,000	\$11.81/\$1,000	\$22.31/\$1,000	\$35.34/\$1,000	\$53.72/\$1,000	\$117.34/\$1,000	\$225.01/\$1,000
\$58,000.00	\$102.66	\$274.34	\$684.98	\$1,293.98	\$2,049.72	\$3,115.76	\$6,805.72	\$13,050.58
59,000.00	104.43	279.07	696.79	1,316.29	2,085.06	3,169.48	6,923.06	13,275.59
60,000.00	106.20	283.80	708.60	1,338.60	2,120.40	3,223.20	7,040.40	13,500.60
61,000.00	107.97	288.53	720.41	1,360.91	2,155.74	3,276.92	7,157.74	13,725.61
62,000.00	109.74	293.26	732.22	1,383.22	2,191.08	3,330.64	7,275.08	13,950.62
63,000.00	111.51	297.99	744.03	1,405.53	2,226.42	3,384.36	7,392.42	14,175.63
64,000.00	113.28	302.72	755.84	1,427.84	2,261.76	3,438.08	7,509.76	14,400.64
65,000.00	115.05	307.45	767.65	1,450.15	2,297.10	3,491.80	7,627.10	14,625.65
66,000.00	116.82	312.18	779.46	1,472.46	2,332.44	3,545.52	7,744.44	14,850.66
67,000.00	118.59	316.91	791.27	1,494.77	2,367.78	3,599.24	7,861.78	15,075.67
68,000.00	120.36	321.64	803.08	1,517.08	2,403.12	3,652.96	7,979.12	15,300.68
69,000.00	122.13	326.37	814.89	1,539.39	2,438.46	3,706.68	8,096.46	15,525.69
70,000.00	123.90	331.10	826.70	1,561.70	2,473.80	3,760.40	8,213.80	15,750.70
71,000.00	125.67	335.83	838.51	1,584.01	2,509.14	3,814.12	8,331.14	15,975.71
72,000.00	127.44	340.56	850.32	1,606.32	2,544.48	3,867.84	8,448.48	16,200.72
73,000.00	129.21	345.29	862.13	1,628.63	2,579.82	3,921.56	8,565.82	16,425.73
74,000.00	130.98	350.02	873.94	1,650.94	2,615.16	3,975.28	8,683.16	16,650.74
75,000.00	132.75	354.75	885.75	1,673.25	2,650.50	4,029.00	8,800.50	16,875.75
76,000.00	134.52	359.48	897.56	1,695.56	2,685.84	4,082.72	8,917.84	17,100.76
77,000.00	136.29	364.21	909.37	1,717.87	2,721.18	4,136.44	9,035.18	17,325.77
78,000.00	138.06	368.94	921.18	1,740.18	2,756.52	4,190.16	9,152.52	17,550.78
79,000.00	139.83	373.67	932.99	1,762.49	2,791.86	4,243.88	9,269.86	17,775.79
80,000.00	141.60	378.40	944.80	1,784.80	2,827.20	4,297.60	9,387.20	18,000.80

Note: See chart 10 to determine the monthly cost for Additional (Optional) Life Insurance greater than \$80,000.00

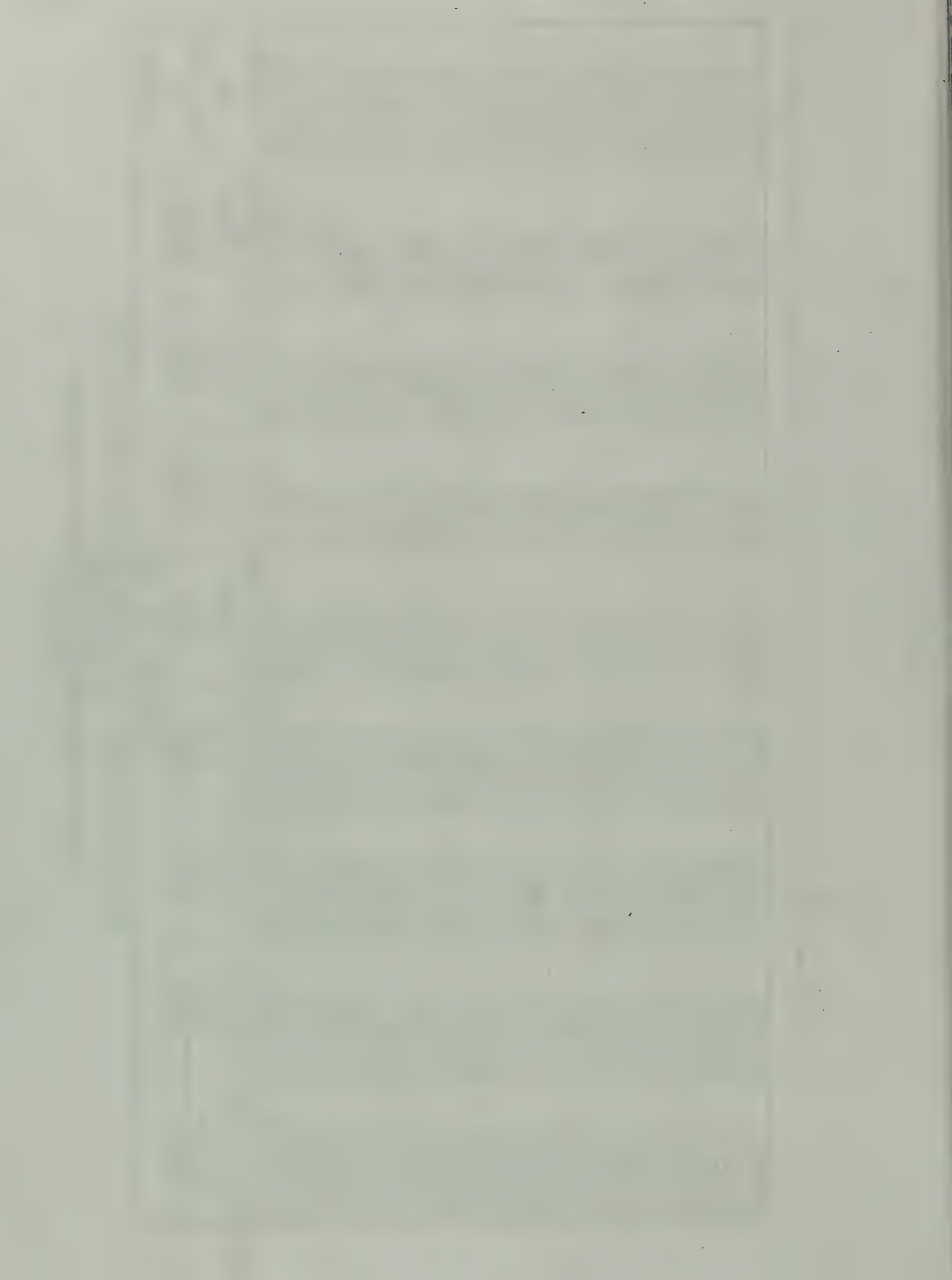


CHART 9

ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES – GREATER THAN \$80,000.00

FOR ACTIVE EMPLOYEES

EFFECTIVE FOR THE PREMIUM DUE 7/1/1995 TO 6/30/1996

Age Of Employee	Monthly Rate Per \$1,000 Of Coverage
Under 35	\$0.15
35–44	0.23
45–49	0.25
50–54	0.33
55 To Retirement	0.88

To determine the monthly cost for Optional Life Insurance greater than \$80,000.00, do the following:

1. Find out the age of employee.
2. Find the monthly rate per \$1,000 of coverage that is corresponding with the age of employee.
3. Multiply the amount of Optional Life Insurance by the monthly rate per \$1,000 of coverage, which will give the monthly cost.

Example: Assume the amount of Optional Life Insurance is \$255,000.00

1. Employee's age is 52

2. Based on the age, the monthly rate per \$1,000 of coverage is \$0.33

3. Multiply \$255,000 by \$0.33/\$1,000

$$\$255,000 \times \$0.33/\$1,000 = \$255 \times \$0.33 = \$84.15$$

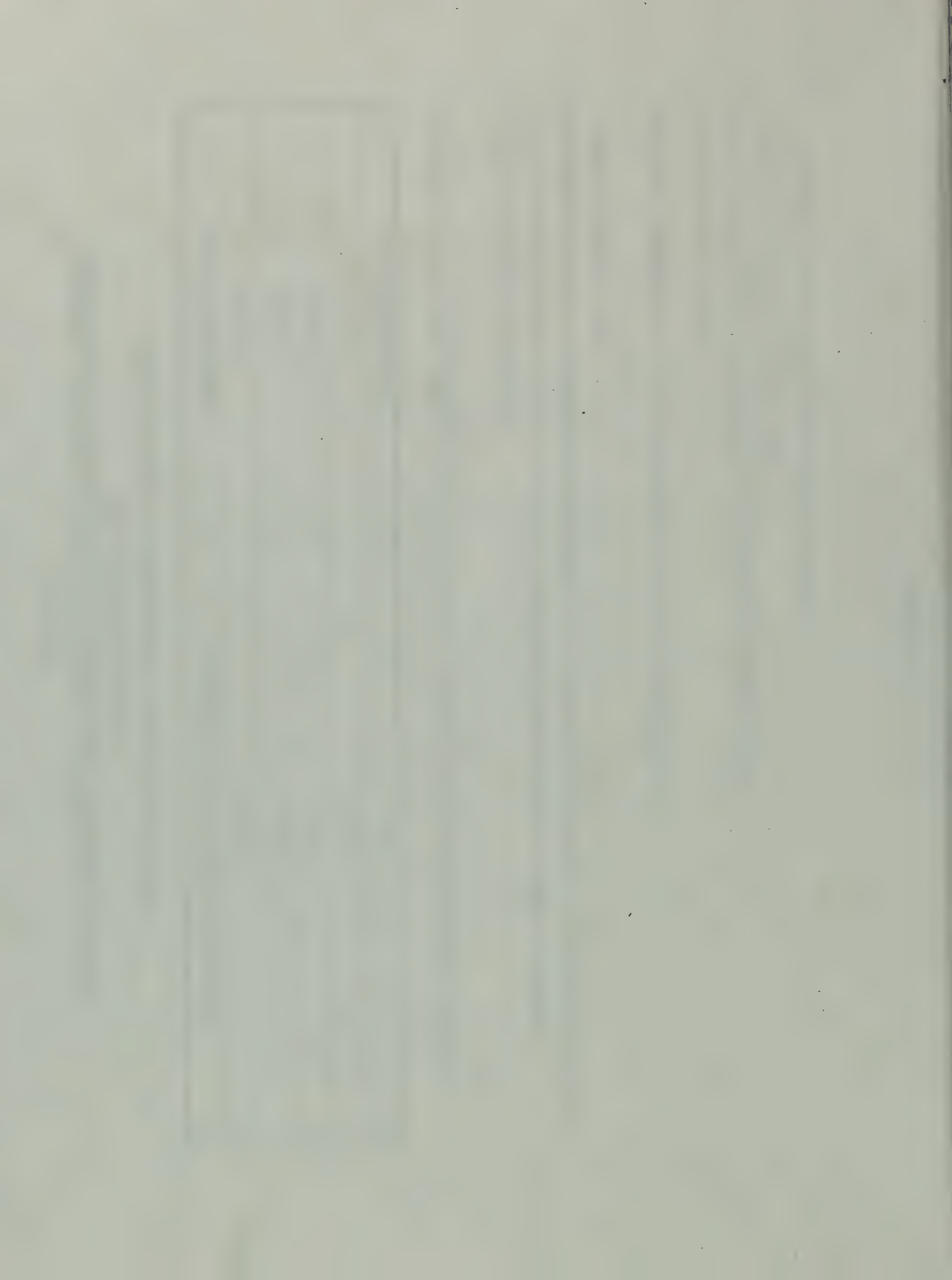


CHART 10

ADDITIONAL (OPTIONAL) LIFE INSURANCE RATES – GREATER THAN \$80,000.00

FOR RETIREES

EFFECTIVE FOR THE PREMIUM DUE 7/1/1995 TO 6/30/1996

Age Of Retiree	Monthly Rate Per \$1,000 Of Coverage
Under 70	\$1.77
70–74	4.73
75–79	11.81
80–84	22.31
85–89	35.34
90–94	53.72
95–99	117.34
100 And Over	225.01

To determine the monthly cost for Optional Life Insurance greater than \$80,000.00, do the following:

1. Find out the age of retiree.
2. Find the monthly rate per \$1,000 of coverage that is corresponding with the age of retiree.
3. Multiply the amount of Optional Life Insurance by the monthly rate per \$1,000 of coverage, which will give the monthly cost.

Example: Assume the amount of Optional Life Insurance is \$90,000.00

1. Retiree's age is 77

2. Based on the age, the monthly rate per \$1,000 of coverage is \$11.81

3. Multiply \$90,000 BY \$11.81/\$1,000

$$\text{\$90,000} \times \text{\$11.81}/\text{\$1,000} = \text{\$90} \times \text{\$11.81} = \text{\$1,062.90}$$

$$250,000 \times 2.1181\% = 5,295.25$$

$$3. \text{ Monthly } 5,295.25 / 12 = 441.27$$

4. Based on the age, the monthly rate per \$1,000 of coverage is 2.1181

5. Below is the age is 33

Example: Assume the amount of Optional Life Insurance is \$50,000.00

Find the monthly cost

6. Multiply the amount of Optional Life Insurance by the monthly rate per \$1,000 of coverage, which will

7. Find the monthly rate per \$1,000 of coverage that is corresponding with the age of retiree

8. Find out the age of retiree

To determine the monthly cost for Optional Life Insurance greater than \$50,000.00, do the following:

Age and Cost	Monthly Rate per \$1,000 of Coverage
21-24	1.11
25-29	1.11
30-34	1.11
35-39	1.11
40-44	1.11
45-49	1.11
50-54	1.11
55-59	1.11
60-64	1.11
65-69	1.11
70-74	1.11
75-79	1.11
80-84	1.11
85-89	1.11
90-94	1.11
95-99	1.11
100 and over	1.11

REPEATING FOR THE PREMIUM RATE CALCULATION TO \$50,000.00

EXAMPLE

ASSUMING THE PREMIUM RATE CALCULATION TO \$50,000.00

EXAMPLE

CHART 11
MONTHLY INSURANCE RATES

FOR

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) COVERAGE
EFFECTIVE JULY 1, 1995 THROUGH JUNE 30, 1996

Name Of Health Plan	Individual Coverage	Family Coverage
State Hancock Plan Without CIC	\$303.20	\$694.51
State Hancock Plan With CIC	318.86	731.30
State Hancock Plan With CIC/MNA	319.15	731.59
Commonwealth PPO	\$200.92	\$477.11
Central Massachusetts Health Care, Inc.	\$166.39	\$430.71
Community Health Plan	160.40	395.64
Fallon Community Health Plan	158.34	363.63
Harvard Community Health Plan	207.06	494.40
Harvard Community Health Plan of New England	198.42	463.72
Health New England	157.83	398.67
Kaiser Permanente	174.19	416.81
Neighborhood Health Plan	183.03	476.37
Pilgrim Health Care	187.06	452.52
Tufts Health Plan	189.63	455.54
Dental/Vision Coverage	\$21.10	\$59.54

CIC – Catastrophic Illness Coverage

Individual CIC: \$15.66/month

Family CIC: \$36.79/month

MNA – Medically Necessary Abortion: \$0.29/month

